

Functional Needs Registration Form for the Premise Alert Program (PAP) for McLean County Emergency Services

The Illinois Premise Alert Program (Public Act 96-0788) provides for Public Safety Agencies in the State of Illinois to allow people with functional needs to provide information to emergency service providers to be kept in a database.

The information can then be provided to responders dealing with situations involving individuals with Functional Needs. The information provided by you will be kept confidential and used only to provide emergency responders in McLean County with the information needed to deal with situations or emergencies involving a person with functional needs.

The notification expires 2 (two) years after the date it was submitted. You may update or renew it at any time by filing a new form.

The information provided will be entered into a database maintained by McLean County Emergency Management Agency and may be shared with other police, fire, dispatch or EMS agencies as needed to provide services to the individual.

The individual must understand that the information provided here will not result in any type of preferential treatment to the individual and that McLean County Emergency Responders, nor any other responding agencies will not be held liable for duties relating to the reporting of functional needs individuals.

I also understand that if any of the provided information changes, I must notify EMA by filing an amended request form. *The information will self-expire 2 (two) years from the date received by EMA and I must renew the form prior to the expiration date if I want the information kept in the database.*

A Functional Needs Individual is hereby defined by the State of Illinois as: Having a physical or mental impairment, or has or is at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also requires health and related services of a type or amount beyond that required by individuals generally. The undersigned is the named individual, a family member, friend, caregiver, or medical personnel familiar with the individual. By signing, I certify I have read and understand this form in its entirety and hereby give permission to McLean County EMA to enter this information into the Premise Alert Program database.

The person submitting this form may be contacted for verification purposes.

By signing this form I give my authorization for the medical information herein to be released to emergency services personnel and receiving facilities for the purpose of evaluating my needs and providing emergency treatment, transportation, and sheltering. Records relating to registration of Persons with Functional Needs are exempt from the provisions of Public Records Law. This information contained here will be kept confidential.

Signature

or Representative:

Date:

This form can be completed online at: <https://health.mcleancountyil.gov/244/McLean-County-Functional-Needs-Registry>

PLEASE ANSWER EVERY QUESTION

LAST NAME: _____ FIRST: _____ MI: _____

DOB: _____ SEX: _____ PHONE: (Primary) _____ (Secondary) _____

STREET ADDRESS: _____ APT/LOT#: _____

CITY: _____ ZIP: _____ TODAY'S DATE: _____

Check One:

- First time registering
- This is an update
- Remove me from the registry

I Require Transportation: Yes No **Living Situation:** Alone with Relative Other

Single Family Residence Mobile Home Apt/Condo Complex Name: _____

Yes No Care Taker: (Name & Phone) _____

Yes No Hospice, Team ID: (Name & Phone) _____

Yes No Home Health Care: (Name & Phone) _____

Do you have a Pet? How Many/Type? _____ Do you have a SERVICE Animal? Yes No

SPECIAL NEED (CHECK ALL THAT APPLY)

- Kidney Disease Emphysema/COPD Walker / Cane Feeding Tube Stroke
- Diabetes High Blood Pressure Wheelchair Assist Ventilator Dialysis
- Insulin Dependent Seizure Bedridden Sight Impaired Cancer
- Memory Impaired Breathing Treatment Incontinence Autism Alzheimer's
- Mental Health Impaired Oxygen (lpm/_____) Physical Disability Deaf / Hard of Hearing
- Speech Impaired Down's Syndrome Developmental Disability
- Electric Dependent, Why? _____
- Other _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Prearranged: Hospital Nursing Home Alternate Living Facility

Facility Name: _____

Doctor's Name: _____ Phone: _____

Mail to: McLean County EMA, 104 W. Front St. B10, Bloomington, IL 61701

Official use only:

Transport to: General Shelter Functional Needs Shelter Hospital _____

Register for Functional Needs Shelter Only Source Code _____

Type of Transport: Own Vehicle Van/Bus Wheelchair Stretcher/Ambulance

Fire District: _____ **Grid:** _____ **Evacuation Level:** _____ **Shelter Name:** _____

Comments: _____

